

From David De Jesus sr

Date 10-15-06

RE: Help and letter

06209 (JJF)

I pray that all is well, I write to ask the court about the Docket Text "Document number 27, I have not getting any letter from CMS to answer that is due 12-4-06 so can you let me know what this Document means?

Now Here are copy of a sick^{call} and medical Grievance that I am putting in they are not caring about my pain at all, They want to hurt me, "now", what do I have to do to get help if I die all will get away.

Please, Please for the Love of God help me I am in fear that they will hurt me.

all the nures said they sell pain medication in commissary. I dont get no money to by some. Please if I die dont let this Jail get away with this. I am not an Animal, even they get good help than us.

What Else can I do or who Else, all I have now is God than your court.

Take care may the Lord Bless you in all I hope this letter is getting to you all my other mail is some how getting lass. but I can't do any thin. from

David De Jesus Sr



BO scanned

Service of Process:

1:06-cv-00209-JJF DeJesus v. Williams et al

U.S. District Court

District of Delaware

Notice of Electronic Filing

The following transaction was received from dab, entered on 10/6/2006 at 9:12 AM EDT and filed on 10/5/2006

Case Name: DeJesus v. Williams et al

Case Number: 1:06-cv-209

Filer:

Document Number: 27

Docket Text: *Is this for me v*

WAIVER OF SERVICE returned executed For CMS waiver sent on 10/3/2006, answer due 12/4/2006.
(dab,)

The following document(s) are associated with this transaction:

Document description:Main Document

Original filename:n/a

Electronic document Stamp:

[STAMP dcecfStamp_ID=1079733196 [Date=10/6/2006] [FileNumber=283834-0]
[b08ac62980e506710ad6afc2b71bf8e9fefb1c38576a83285adaed6db779895eaa07
6bf6cb62b03ab7d09e749cddd08c5480b6d6c339123a2bc43f79e605fd49]]

1:06-cv-209 Notice will be electronically mailed to:

Erika Yvonne Tross Erika.Tross@state.de.us

1:06-cv-209 Notice will be delivered by other means to:

David DeJesus, Sr
Howard R. Young Correctional
P.O. Box 9561
Wilmington, DE 19809

FORM #585

MEDICAL GRIEVANCEFACILITY: H.R.Y.C.IDATE SUBMITTED: 10/13/06INMATE'S NAME: David DeJesusSBI#: 209513HOUSING UNIT: 24-12CASE #: ON goingSECTION #1DATE & TIME OF MEDICAL INCIDENT: 10/13/06

TYPE OF MEDICAL PROBLEM:

Today I went to sick call for a clicking in my Jaw the doctor gave me a diagnosis then told the nurse to refer me to an oral doctor. She said 'No' and told me to put in a sick call slip. And as for the tremendous amount of pain I'm in she told me that 'they sell pain medication in commissary' it seems every since I filed for a lawsuit I've been 'the enemy' when all I want is help. I've put up with apathy and staff with attitudes. And bottom line all of this ill will is extremely inessential

THANK 4 your time.

GRIEVANT'S SIGNATURE: David DeJesusDATE: 10/15/06

ACTION REQUESTED BY GRIEVANT:

I JUST WANT HELP AND TO NOT BE TREATED like an animal. It is this same treatment that put us in opposition in the first place AND IF THATS TOO MUCH, DUE TO THE CONFLICT OF INTEREST I'd like to be moved to another facility.

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

DELAWARE DEPARTMENT OF CORRECTIONS REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES

FACILITY: H.R.Y.C.I. (GANDER HILL)

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

David DeJesus sr

Name (Print)

24-12

Housing Location

-69

Date of Birth

209513

SBI Number

10-15-06

Date Submitted

Complaint (What type of problem are you having) I am putting this in because
the nurse told me to put this in the Dental nurse when
the Dr told her to refer me to a oral surgeon Dr Buttzin
I am in pain can you help me please

David DeJesus sr

Inmate Signature

10-15-06

Date

The below area is for medical use only. Please do not write any further

S:

O: Temp: _____ **Pulse:** _____ **Resp:** _____ **B/P:** _____ **WT:** _____

A:

P:

E:

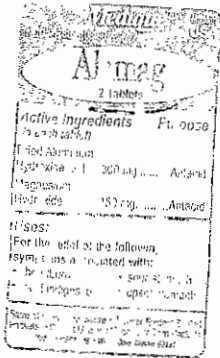
Provider Signature and Title

Date

Time

For liver pain

DEJESUS, DAVID
 RANITIDINE HCL 150MG TABS
 6366- Stop: 08/13/06 RX# 12153648



For pain

Some needs they have given me, not the liver or ~~the~~

Drug Facts	Drug Facts (continued)
Active Ingredient (in each tablet): Acetaminophen 325 mg	Purpose: Pain Reliever/Fever Reducer
Uses: For the temporary relief of minor aches and pains associated with: • headache • muscular aches • minor arthritis pain • common cold • toothache • menstrual cramps	Do not exceed recommended dosage. Keep this and all drugs out of the reach of children. In case of accidental overdose, contact a physician or Poison Control Center immediately. Prompt medical attention is critical for adults as well as for children even if you do not notice any signs or symptoms. As with any drug, if you are pregnant or nursing a baby, seek the advice of a health professional before using this product.
Warnings: Alcohol Warning: If you consume 3 or more alcoholic drinks every day, ask your doctor whether you should take acetaminophen or other pain reliever/fever reducers. Acetaminophen may cause liver damage. Do not use: • with any other product containing acetaminophen • for more than 10 days for pain unless directed by a doctor • for more than 3 days for fever unless directed by a doctor	

Drug Facts (continued)
Directions: • Do not use more than directed • Do not use more than directed
Adults and children: Take 2 tablets every 4 to 6 hours as needed. Do not take more than 12 tablets in 24 hours, or as directed by a doctor.
Children under 12: Do not give to children under 12 years of age unless directed by a doctor.
Other Information: • Store at room temperature • Tamper-Evident Sealed Packages • Do Not Use Any Opened or Torn Packages



14564

24 Tablets



Non-Aspirin Pain Relief
 Compare Active Ingredient to Tylenol®
 Registered Trademark McKel Consumer Products
 Manufactured for: Medique Products, Wood Dale, Illinois 60191 USA
 1-800-634-7680



14564

LOT 6312
 EXPIRATION 2 09

Drug Facts (continued)
Inactive Ingredients: Corn starch, Croscarmellose sodium, Hydroxypropylcellulose, Polyethylene glycol, Povidone, Polyethylene glycol, Sodium Carboxymethylcellulose, Stearic acid, Talc, Magnesium Stearate, and Colloidal Silicon Dioxide.
Contains one or more of these ingredients.

14564BOX
 Rev. 5/11/04
 Mfg. 1.6

The nurse give me this name, Its bad because the Dr
refer me but the nurse told him I can put a sickle all
in, In the "st" the Dr is the Boss. They are doing me
wrong in here. Please help

from
David Degen

oral surgeon
(Dr. Bukzin)

I write to see if my mail went out to A-C-L-U and the
us District court because I never get how much it was
and can I get copy of the letter you sent me that you sent
my mail back to my family photo please I don't get mail
like that or money can you let me know something please
for the us District court I had a deadline on 9-27-06
I hope you can help me

cc
your copy

from
David Defensor

David De Jesus sr

209513

PO BOX 2561

Wilmington DE 19809

11/2

US District court

844 N King st

LOCK BOX 18

Wilmington DE 19801

#1:06-cv-00209-JJF

WILMINGTON DE 197

24 OCT 2006



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